



CONNECTICUT'S LOCAL HEALTH DEPARTMENTS

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ISSUE

This report provides a brief overview of Connecticut's local health departments.

SUMMARY

Currently, Connecticut has 73 local health departments serving the state's entire population. Fifty-three are full-time departments, while the remaining 20 are part-time. The full-time departments include 33 individual municipal health departments and 20 health district departments (multi-town departments serving from two to 20 towns). According to the Department of Public Health (DPH), based on the state's 2013 estimated population, full-time health departments (both municipal and district) serve about 95% of the state's population, while part-time departments serve the remaining 5%.

By law, a municipality may have a part-time health department if: (1) it did not have a full-time department or was not in a full-time district before January 1, 1998, (2) it has the equivalent of at least one full-time employee, and (3) the DPH commissioner annually approves its public health program plan and budget ([CGS § 19a-202a](#)).

The following table provides more information on the state's local health departments and populations served.

Table 1: Full- and Part-Time Local Health Departments in Connecticut

<i>Type of Department</i>	<i>Towns Covered</i>	<i>*Population</i>	<i>Percent</i>
Full Time	149	3,416,318	95%
• Municipal	33	1,742,890	48%
• Districts (20)	116	1,673,428	47%
Part Time	20	179,762	5%
Total	169	3,596,080	100%

Source: DPH (*2013 Population Estimates)

FUNDING

Full-time municipal and district health departments receive state funding. The legislature eliminated funding for part-time health departments in 2009 ([PA 09-3, September Special Session](#)).

In order to receive annual state funding of \$1.18 per capita, a full-time municipal health department must (1) serve a population of at least 50,000, (2) employ a full-time health director, (3) have a DPH-approved public health program and budget, and (4) appropriate at least \$1 per capita from annual tax receipts for health department services.

District health departments must serve a total population of at least 50,000 or serve three or more municipalities regardless of their combined total population in order to receive state funding of \$1.85 per capita. As with municipal departments, districts must have DPH-approved programs and budgets and receive at least \$1 per capita in members' tax revenue.

By law, municipal and district health departments may also use additional funds DPH receives from the federal government or other sources.

RESPONSIBILITIES

By law, municipal and district health departments enforce the state's public health laws, rules, and regulations, including the Public Health Code. (They may adopt ordinances and rules that are more stringent than state requirements.) For example, they must, among other things:

1. examine and remediate public health hazards, nuisances, and sources of filth;
2. levy fines and penalties for Public Health Code violations;
3. grant and rescind license permits (e.g., for food service establishments or septic systems);
4. establish fees for health department services;
5. submit to DPH reports on reportable diseases from health care providers and clinical laboratories; and
6. provide for sanitation services (district directors may serve as sanitarians as practical).

GOVERNANCE AND OVERSIGHT

Connecticut's local public health system is decentralized and a local health department falls under the jurisdiction of its respective municipality or district. Staff are hired and employed by the municipal or district health department.

Municipal Health Departments

The law requires towns, cities, and boroughs to nominate a municipal health director, who must be approved by their respective legislative bodies and DPH. The DPH commissioner may remove the director for cause. The town, city, or borough may also take such action with the commissioner's approval.

By law, any municipal or district health director nominee must (1) be a licensed physician and hold a public health degree from an accredited school, college, university, or institution or (2) hold a graduate public health degree from an accredited school, college, or institution.

District Health Departments

By law, towns, cities, and boroughs may form district health departments by vote of their respective legislative bodies, or join an existing district department with the approval of its board of directors. District health departments are instrumentalities of their constituent municipalities.

District health departments are managed by a board of directors comprised of one representative from each member municipality. Those with populations exceeding 10,000 appoint an additional representative for each 10,000 people, up to a maximum of five representatives. Board members generally serve three-year terms. The district health director serves as a nonvoting secretary and treasurer of the board.

The board appoints the district health director, with DPH approval, and fills any vacancies. It may remove the director when a majority of its members determine he or she is guilty of misconduct, material neglect of duty, or incompetence. The board must hold a public hearing before taking such action.

DPH

DPH's Office of Local Health Administration works with stakeholders to ensure that municipal and district health departments fulfill their responsibilities. Municipal and district health departments must report annually to DPH on their activities for the preceding year. According to the department, if DPH identifies an issue with a local

health department's performance, it works directly with the local health director and his or her municipal governing body or district board of directors to identify actions to remedy the issue. Additionally, the law authorizes the DPH commissioner to remove a local health director for cause.

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